## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 26978 USA

| CLAIMS AS FILED - PART I  |  |   |                             |                                   |              |                  |                    | SMALL ENTITY  |                        |                     | OTHER THAN          |                          |
|---|--|---|-----------------------------|-----------------------------------|--------------|------------------|--------------------|---------------|------------------------|---------------------|---------------------|--------------------------|
|   |  |   | (Column 1)                  |                                   | (Colu        | (Column 2)       |                    | TYPE          |                        | OR                  | OR SMALL ENTI       |                          |
| TOTAL CLAIMS  |  |   | 15                          |                                   |              |                  |                    | RATE          | FEE                    |                     | RATE                | FEE                      |
| FOR   |  |   | NUMBER FILED                |                                   | NUMB         | ER EXTRA         |                    | BASIC FEE     | 385.00                 | OR                  | BASIC FEE           | 770.00                   |
| TOTAL CHARGEABLE CLAIMS   |  |   | 15 mir                      | านร 20=                           | *            |                  |                    | X\$ 9=        |                        | OR                  | X\$18=              | ,                        |
| INDEPENDENT CLAIMS  |  |   | 3 mi                        | inus 3 =                          | * -          | *                |                    | X43=          |                        | OR                  | X86=                | _                        |
| ML  | ILTIPLE DEPEN  | NDENT CLAIM PI                            | RESENT                      |                                   |              |                  |                    | +145=         |                        | OR                  | +290=               |                          |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" i |                                   |              | olumn-2          | ı                  | TOTAL         |                        | OR                  | TOTAL               | 720                      |
| CLAIMS AS AMENDED - PART II   |  |   |                             |                                   |              |                  |                    |               |                        |                     | OTHER               |                          |
|   |  | (Column 1)                                | (Colur                      | nn 2)                             | (Column 3)   |                  | SMALL              | ENTITY        | OR                     | SMALL               |                     |                          |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUMI<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |                    | RATE          | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>. FEE |
|   | Total  | *   | Minus                       | **                                |              | =                |                    | X\$ 9=        |                        | OR                  | X\$18=              |                          |
|   | Independent  | *   | Minus                       | ***                               | 5 01 444     | =                |                    | X43=          |                        | OR                  | X86=                |                          |
|   | FIRST PRESE  | ENTATION OF MU                            | JLTIPLE DEF                 |                                   | CLAIM        |                  |                    | +145=         |                        | OR                  | +290=               |                          |
|   |  |   |                             |                                   |              |                  |                    | TOTAL         |                        | OR                  | TOTAL               | <u> </u>                 |
|   |  | Д   | ADDIT. FEE                  |                                   |              | ADDIT. FEE       |                    |               |                        |                     |                     |                          |
|   |  | (Column 1)<br>CLAIMS                      |                             | (Colun                            | EST          | (Column 3)       | lr                 |               | ADDI-                  | 1                   |                     | ADDI-                    |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                             | NUME<br>PREVIC<br>PAID I          | DUSLY        | PRESENT<br>EXTRA |                    | RATE          | TIONAL<br>.FEE         |                     | RATE                | TIONAL                   |
| NDN   | Total:   | *   | Minus                       | **                                |              | =                |                    | X\$ 9=        | •                      | OR                  | X\$18=              |                          |
| ME  | Independent  | *   | Minus                       | ***                               |              | =                |                    | X43=          |                        | OR                  | X86=                |                          |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                             |                                   |              |                  |                    |               |                        |                     |                     |                          |
| <b>:</b>  |  |   |                             |                                   |              |                  |                    | +145=         |                        | OR                  | +290=               | •                        |
|   |  |   |                             |                                   |              |                  | TOTAL<br>DDIT. FEE |               | OR ,                   | TOTAL<br>ADDIT. FEE |                     |                          |
|   | ,  |   |                             |                                   |              |                  |                    |               |                        |                     |                     |                          |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                           | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |                    | RATE          | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | *   | Minus                       | **                                |              | =                |                    | X\$ 9=        |                        | OR                  | X\$18=              |                          |
|   | Independent  | *   | Minus                       | ***                               |              | =                |                    | X43=          |                        | OD                  | X86=                |                          |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                             |                                   |              |                  |                    |               |                        | OR                  |                     |                          |
| +145=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL |  |   |                             |                                   |              |                  |                    |               |                        | OR                  | +290=               |                          |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                             |                                   |              |                  |                    |               | •                      | OR                  | TOTAL<br>ADDIT. FEE |                          |
|   |  | mber Previously Paid                      |                             |                                   |              |                  | r foun             | nd in the app | ropriate box           | in col              | umn 1.              |                          |